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ABSTRACT

This study of counselor trainee behavior during actual counseling sessions is an investigation of the associations between high and low levels of counselor anxiety and the following kinds of counselor responses; empathy, structuring, interrogation and "activity not relevant to the task of counseling." Subjects, two male and three female university students, varied widely in age and counseling experience. The clients were five junior and senior high school students and one parent whose concerns lay in the areas of vocational and personal-social counseling. Mahl's Non-Ah Speech Disturbance Ratio was used to identify 10 points of high and low anxiety in each of 10 interviews. These points were then rated for level of offered empathy based on the Bergin-Solomon Revision of the Truax Accurate Empathy Scale. ANOVAs revealed no significant anxiety level effects on empathy level or interrogation. The effects of anxiety level upon structuring behavior and "activity not relevant to the task of counseling" approached commonly accepted levels of statistical significance. Some counselor effects were significant. Implications for further research were discussed. (Author)

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Counselor Trainee Anxiety Level and Concurrent Counselor Behavior

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Abstract

This study of counselor trainee behavior during actual counseling sessions is an investigation of the associations between high and low levels of counselor anxiety and the following kinds of counselor responses; empathy, structuring, interrogation and "activity not relevant to the task of counseling." Subjects, two male and three female students at Wayne State University, varied widely in age and counseling experience. The clients were five junior and senior high school students and one parent whose concerns lay in the areas of vocational and personal-social counseling. Mahl's Non-Ah Speech Disturbance Ratio was used to identify ten points of high and low anxiety in each of ten interviews. These points were then rated for level of offered empathy based on the Bergin-Solomon Revision of the Truax Accurate Empathy Scale. ANOVAs revealed no significant anxiety level effects on empathy level or interrogation. The effects of anxiety level upon structuring behavior and "activity not relevant to the task of counseling" approached commonly accepted levels of statistical significance. Some counselor effects were significant. Implications for further research were discussed.

Counselor Trainee Anxiety Level and Concurrent Counselor Behavior

Researchers who have sought to investigate the relationship between counselor/therapist[1] anxiety level and counselor behavior have typically approached the problem in one of two ways. Most of them have focused their research upon the effects of trait anxiety--a predisposition to find many situations threatening--and counselor/therapist behavior. Results from such studies have been mixed. Those in which the Taylor Manifest Anxiety Scale (TMAS) has been used as a measure of anxiety have failed to yield any evidence of a relationship between anxiety and counselor effectiveness (Brams, 1961; Dispenzieri and Balinsky, 1963; and Pennscott and Brown, 1972). Apparently, however, self-report of anxiety, upon which the TMAS heavily relies, is of limited utility in determining the presence of observed anxiety: it correlates poorly with physiological, non-verbal, and observer ratings of the presence of the phenomenon (Buss, Wiener, Durkee and Baer, 1955; Jackson and Bloomberg, 1958; Jurich and Jurich, 1974; Neva and Hicks, 1970) and is confounded with contaminating influences (Martin, 1961). Researchers using other measures of trait anxiety (the IPAT Anxiety Scale Questionnaire and the Pt. scale of the MMPI) have found negative correlations between anxiety and empathy level (Bergin and Jasper, 1969) and support for the hypothesis that higher anxiety counselors would more poorly recall the counseling interview (Milliken and Kirschner,

1971). In 1956, Bandura, using colleague ratings of general anxiety level, found a statistically significant, but moderate, negative correlation between anxiety and competence. However useful these instruments may have been, they cannot by their very nature measure transitory and changing anxiety level. Such fluctuations in anxiety level during the interview itself, and the behaviors associated with these changing levels, may provide important and useful insight into anxiety as it affects the process of the interview.

A second common approach to determining the relationship between counselor anxiety and behavior is to examine counselor/therapist behavior under conditions of threat or stress--situations assumed likely to increase counselor or therapist anxiety. Data from these studies indicate that counselor/therapist performance is hindered by stressful conditions. Cutler's results (1958) suggest that there is a significant association between the appearance in the patient's statement of material which impinged upon conflict areas, determined by the divergence between colleague judgments and therapist self-reports, and the therapist's ego-maintaining following response. Bandura, Lipsher and Miller (1960) found that therapists who expressed their hostility in direct forms and those who did not

differed in their relative preference for approach or avoidance reactions to patients' expressions of hostility. Sixteen therapists studied by Parr and Seeman (1973) showed greater physiological activation, as measured by palmar sweat, and less effective verbal behavior, as evidenced on a scale devised by the investigators, when subjected to the anxiety-arousing condition of evaluation. Unfortunately, different individuals may react to the same stimuli with varying degrees of anxiety, depending on a number of subjectively determined factors. Thus, the actual presence of a high level of anxiety at the point of stress cannot be assumed.

There is yet a third way in which one might study the effects of counselor anxiety upon counselor behavior, and that is to monitor continuously at least one of those physiological or non-verbal behavioral referents commonly considered to be indicators of anxiety. Though such measures are not without their own limitations--lack of high correlations between and among most and the intrusive nature of many--they should provide additional information on the relationship between counselor anxiety and behavior. Surprisingly enough, researchers in the fields of counseling and therapy have virtually neglected this method. One question appropriate to this type of analysis, and the central issue in this study, is how changing counselor

anxiety level, "state anxiety," affects counselor behavior during an actual counseling interview. The counselor behaviors to be examined in this regard are: offered empathy, structuring, interrogation, and activity not clearly relevant to the task of counseling.

Empathy

Although there is some doubt as to whether empathy is one of the essential ingredients in the counseling relationship (Gladstein, 1970), and although others (Bergin and Jasper, 1969) have raised similar doubts with respect to its role in the therapeutic interview, empathy remains one of the qualities which have generally been considered important in effecting client changes (Rogers, 1975; Truax and Carkhuff, 1967). Moreover, measures of empathy often based on the Truax Accurate Empathy Scale, or revisions thereof, have been widely utilized in research on counseling and psychotherapy (see review by Gladstein, 1970). There is some evidence (Bergin and Jasper, 1969) to suggest that anxiety and empathy are negatively correlated.

Other Variables

Carroll (1974), in an unpublished doctoral thesis, found that after stress was introduced in the interview, those

counselors-in-training with a low tolerance of ambiguity structured the interview more than did those with a high tolerance. Thus, structuring may increase at points of high anxiety for certain counselors. If "activity not relevant to the task of counseling" and "interrogation" may be considered as similar to "avoidance" or "ego-maintaining" responses, then, following the findings of Bandura et al. (1960) and Cutler (1958), we might presume that the frequency of such behavior would be likely to increase at points of high counselor anxiety.

Hypotheses

1. The level of empathy offered by the counselor will differ during high and low counselor anxiety states.

2. The frequencies of the following counselor behaviors will vary during high and low counselor anxiety states: interrogation, structuring and "activity not clearly relevant to the task of counseling."

Although all hypotheses are here stated in the form of the alternative hypothesis, they were tested for statistical significance in null hypothesis form.

Method

Subjects

Subjects were five advanced graduate students, three men and two women, who were majoring in guidance and counseling at Wayne State University. Two of the counselors had no previous counseling experience; two had several years of work in counseling. All but one of the counselors had teaching experience. Although precise figures are not available, the age range appears to have been from the early twenties to the late fifties. Clients were four junior high and high school students with counseling concerns in the areas of vocational and personal-social counseling. The fifth client was a parent whose child was also seeing the same counselor.

Measures

The Non-Ah Speech Disturbance Ratio developed by Mahl (1956;1961) was used as the measure of anxiety level. This instrument provides for a moment-by-moment assessment of anxiety level through measures of the number of speech disturbances--sentence connections, repetitions, stutters, incoherent sounds, tongue slips and omissions of words or parts of words--relative to the verbal output. The ratio has been used in a number of studies of client anxiety (Boomer and Goodrich, 1961; Mahl, 1956;

Mahl, 1961; Panek and Martin , 1959) but never yet used as a measure of counselor anxiety. In the present study one rater scored for anxiety using the Ratio. Mahl's techniques for determining the Non-Ah Ratio were replicated precisely as he described them, with one exception: the Ratio was computed for each counselor response rather than for previously defined time units. Portions of two interviews were re-scored after three months. Because anxiety was defined for this study in terms of numbers, rather than categories, of speech disturbances, a Pearson Product Moment Correlation was used to determine reliability. The raw scores consisted of the number of speech disturbances for each ten words of counselor dialogue. The resulting test-retest reliability was .80. A high level of anxiety was defined operationally as those responses in each interview with the highest Speech Disturbance Ratio; a low level as those responses in which no speech disturbances, other than "Ah," occurred.

One rater scored for empathy using the 10-point Bergin-Solomon Revision of the Truax Accurate Empathy Scale (Truax and Carkhuff, 1967, p. 58), slightly revised to refer to each individual counselor response. Three weeks later the same rater re-scored 35 responses chosen from all of the interviews,

with a resulting reliability of .71.

A third scorer classified counselor behaviors on a 13-category instrument devised by the author (see appendix). The rater spent some 15 hours in training, which was discontinued when the rater and the scale's author independently scored 20 responses, selected as representative of the variables of concern in the study, with 90 per cent agreement.

Procedure

Data were collected from audiotapes previously recorded for other purposes. Transcripts of these same interviews were available in Helping Counselors Grow Professionally by William Evraiff (1963). Both counselor and client had been informed that the recording was taking place and also that other counselors might at times be observing the interview through a one-way mirror. Two audiotapes from each counselor were used for the study, providing a total of ten interviews and 835 scorable responses. Each counselor response other than "um" or "uhumm," which were impossible to score for speech disturbances, was rated for anxiety. The ten responses with the highest speech disturbance ratios in each interview were then selected for scoring on the other variables. Ten "low anxiety" responses were selected at random from among those responses from each

interview where no speech disturbance occurred. Thus, ten high and ten low-anxiety responses were chosen from each of the ten interviews with a single exception: in one interview only seven instances of speech disturbance occurred. These 197 responses, along with the preceding client statement, were then recorded in random order on another audio tape for independent scoring by the two raters.

Results

Four separate one-way analyses of variance with repeated measures on the last factor were performed to determine the effects of anxiety level, and anxiety level by counselor, on the dependent variables -- empathy, structuring, interrogation and "activity not relevant to the task of therapy." The results of the analyses are summarized in Tables 1 to 4. Although the counselor effects for empathy level were significant ($p=.002$), anxiety level had no significant impact upon level of offered empathy. Nor were interaction effects significant. During states of high and low counselor anxiety, structuring and "activity not relevant to the task of counseling" did show differences which approached commonly accepted levels for statistical significance (for structuring, $p=.067$ and for "activity..." $p=.102$). The interaction effects of anxiety by

counselor upon structuring also approached commonly accepted levels of significance ($p=.08$), while the interaction between irrelevant behavior and counselor showed no such pattern. Interrogation did not vary significantly for differing counselor anxiety levels not between counselors.

Insert Tables 1, 2, 3, 4 here.

Discussion

Anxiety level, as herein defined, had no statistically significant impact upon the level of offered empathy. Although empathy level did differ between counselors, it remained relatively stable within counselors. Apparently, level of offered empathy was a characteristic of each counselor-client combination. Whether this stability was a function of the counselor, the client, or the dyad cannot be ascertained from this study. Since the empathy scores are a result of repeated ratings by one individual, the consistency within counselors may actually reflect the raters overall assessment of each counselor. It may be, too, that the levels of empathy offered by all of the counselors throughout all of the interviews were so low, however, as to make detection of statistically significant differences for different anxiety levels unlikely; out of a possible ten points, the Grand Mean for

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Insert Tables 5 and 6 here.

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all of the counselors was only 1.41, and all individual counselor means were under 2.00.

Analysis of these data does, however, offer some support for one of the hypotheses of this study. Counselor anxiety level may be associated with counselor structuring behaviors and with counselor behavior irrelevant to the task of counseling. In line with the conclusions drawn by Carroll (1974), counselors did increase the frequency of structuring behavior when they were in a high anxious state (see Table 5). Contrary to expectations, however, behavior "irrelevant to the task of counseling" occurred more frequently during the low anxiety state (see Table 6). It may be that this latter "avoidance" behavior was engaged in so successfully that no threatening material emerged during the interview.

These results must be interpreted with some caution. It seems quite possible, for example, that the conditions defined as "high" and "low" anxiety may in fact be two slightly different levels of a generally high-anxiety state. All of the counselors were in training and conducted the interviews while being subject to observation, to tape-recording, and presumably also to some form of evaluation. As Roulx (1969) found, counselors operating under similar conditions were more anxious than those working under other less threatening circumstances. If we have indeed

measured small variations in anxiety level among highly anxious counselors, our initial hypotheses that high and low states of anxiety will be associated with both differing levels of offered empathy and varying frequencies of certain counselor behaviors, can be neither confirmed nor refuted. Future studies utilizing the Non-Ah Speech Disturbance Ratio as an anxiety measure would do well to incorporate observations of subjects' speech disturbances under a variety of conditions for comparison with the data from the interviews under investigation. Secondly, in order not to reduce artificially the range in anxiety level which might normally occur during a counseling interview, care must be taken to ensure that the experimental conditions themselves do not create a state of high counselor anxiety.

It is possible that some changes in counselor behavior associated with high anxiety states do not occur concurrently with the expression of that anxiety in speech disturbance, but rather follow the high anxiety response. Thus, it might be useful to examine counselor behavior following, as well as during, a response indicating high anxiety. Further, high anxiety level, as expressed in one counselor response, might affect counselor behavior for a considerable period of time afterward, even though the anxiety level, as measured by the Speech Disturbance Ratio,

has dropped. Both of these questions might be usefully investigated in the future.

The Speech Disturbance Ratio, although used heretofore in a number of moment-by-moment analyses of anxiety level, may not be sufficiently sensitive to distinguish reliably for the small units of time often represented by these counselor responses. If such a measure is again utilized, it might be wise to select somewhat longer units for analysis. It may be, too, that dips or plateaus in anxiety level during the interview more accurately discriminate states of high and low anxiety than isolated and momentary high ratio responses.

The results of this study fail to confirm or deny conclusively the author's initial hypotheses. Nevertheless, some of the data support the contention that differing counselor anxiety levels are associated with varying frequencies in both counselor structuring remarks and counselor responses irrelevant to the task of counseling. Further, the study does employ an unusual approach to the assessment of the relationship between counselor anxiety and behavior, and, in addition, raises a number of issues and methodological problems which future researchers may wish to consider.

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Footnotes

[1]For this paper no distinction will be drawn between the terms counseling and therapy.

TABLE 1

ANALYSIS OF VARIANCE - ANXIETY AND COUNSELOR EFFECT ON LEVEL OF OFFERED EMPATHY

Source	DF	MS	F
Between			
Counselor (A)	4	.36800026	25.379*
Error	5	.014499968	
Within			
Anxiety (B)	1	.00005000038	0.015
A x B	4	.030500006	0.938
Error	5	.032500048	

* $P \leq .05$

TABLE 2

ANALYSIS OF VARIANCE - ANXIETY AND COUNSELOR EFFECTS ON COUNSELOR STRUCTURING BEHAVIOR

Source	DF	MS	F
Between			
Counselor (A)	4	.088841827	53.414
Error	5	.0016632645	
Within			
Anxiety (B)	1	.035520411	5.448*
A x B	4	.026770409	4.106*
Error	5	.0065204059	

*$P \leq .10$